## **Cal-SOAP Timesheet:** FILL OUT COMPLETELY AND PRINT CLEARLY IN <u>INK</u> (no pencil.)

EMPLOYEE INFORMATION  Lost Name / First Name /										What called do you attend?							BIWEEKLY PAY PERIOD  From: Month Day Yr To: Month Property Yr					
Last Name/First Name/ Employee's Email Work Site											What college do you attend? Pay Rate:											
											ray Rate:							To: Month DayYr Example: 9/22/2019-10/05/2019				
Cal-S	OAP Sup	ervisor	Name:													Exan	npie: 9/	22/201	9-10/0.	5/2019		
Cai-5	OAI Sup	CI VISOI	rvame													Tota	al # of l	Hours	This Po	eriod_		
7 1	Correct  ION: 09/ N OU 30 12: 00 2:3  UES: 09 N OU 00 12:	/23 JT HI 30 5.0 0 1 /24 JT HI	RS )			IN 7:30 Ove	2:30 er 6 strai ES: 09/2	3	S S S S S S S S S S S S S S S S S S S	> R > C > <u>S</u> > F > T h	Report <u>h</u> Get the S Sign you Fill out i The long ours, yo Fill in th	ours in Site Con trimesh n pen, N test shift ou must e dates	decima decima atact's peneet at be NOT per t you ca factor if for all 1	I form ( rinted n pottom I ncil n work n a lunc 4 days	15 min. ame and eft and without h break in the b	= .25) d signate turn it in a break of at le iweekly	ours only (30 min ure from on time as is 6.0 h ast 0.5 h (Examp	i. = .50) in the schee nours. If nours.	(45min nool site workin	g longer	r than 6	
SUN: MON: TUES: WI								WED:			THURS:			FRI:			SAT:			7		
IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	Weekly	
:	:		:	:		:	:		:	:	•	:	:		:	:		:	:		Total	
:	:		:	:		:	:		:	:	•	:	:		:	:		:	:			
SUN: MON: TUES:							WED:			THURS:			FRI:			SAT:			7			
IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	IN	OUT	HRS	Weekly	
:	:		:	:		:	:		:	:		:	:		:	:		:	:		Total	
:	:		:	:		:	:		:	:		:	:		:	:		:	:			
	y that I ha			hours ind	icated on	this times	heet.				satisfac	y that I ha tory mann ed at scl	ner.				c hours rej	oorted we		ned in a	,	
											Supervisor Name (e.g. Linda Doughty)								Signature			

11/4/2019 timesheets.doc